MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH $=62-02$						
DEPARTMENT OF PU		- Registration District No. 149 - Primary Registration District No. 100 2 Registrat's No. 3156 STATE FILE NUMBER				
ON THIS STUB AMENDED SALED AUG 2 1962						
VC 000		1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Resident a. COUNTY The second b. COUNT	_			
VS 300 Rev. 4/59	ENDED	JACIESON JACKSON	ission)			
KGV. 4757		OR OR	le Limits			
1	\§	NINSAS CITY SOYEARS NINSAS CITY	No 🗆			
	, ATE	HOSPITAL OR	e on Farm. ⊒ No ME			
23668	2 8	CONONIA NUNSIDO HOME 1 44/1 GLIFFIM RG.				
3		3. NAME OF DECEASED First Middle Last 4. DATE Month Day (Type or print) OF	Year			
4 1			12_			
- 1		Widowed III Divorced II Months Days Hours	NDER 24 HR			
5 2		108. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (City and state or country) 12. CITIZEN OF WHAT OF	<u> </u>			
6	ااا	during most of working life, even if retired)	COUNTRI			
<del></del>	FOLLOW	HOUSE WIFE HOME WILLIAMS BURG KARRAS U.S.A.  13a. FATHER'S NAME 13b. MOTHER'S MAIDEN NAME 14. NAME OF HUSBAND OR WIFE				
	ᅙ					
8 2	ν       ο	A J. HAMILTON RUTH CHURCH GALEN A. HETTICK  15. WAS DECEASED EVER IN U.S. ARMED FORCES?  16. SOCIAL SECURITY NO. 17. INFORMANT  Address				
92211	<u> </u>	(Yes, no, or unknown) (If yes, give war ar dates of service 8 MR. GALEN H. HETTICK 208 W. 78 TERR				
	A     A	INTERVAL RETWICEN				
10		PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a) Corchal blemowhage  Conditions, if any, ) DUE TO (b) Arteriosclemin Cerebral				
11						
12 (/ )	HIS REC					
12 86-0	\$	which gave rise to above cause (a),				
13	<u> </u>	stating the under- lying cause last. DUE TO (c) Herrisclasso Severalized				
	징	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)  PART III. If deceased was find there a pregnancy in limits the pregnancy in limits.	emale was			
	<u>2</u> ]     <u> </u>		Unknown			
	~	19. WAS AUTOPSY   20a. ACCIDENT SUICIDE HOMICIDE   20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item				
	乡	PERFORMED?	·			
7	AMENDMENT	3 20c. TIME OF Hour Month, Day, Year				
RIBBON	<b>₹</b>	20c. TIME OF Hour Month, Day, Year INJURY a.m. p.m.				
		20d. INJURY OCCURRED 20e. PLACE OF INJURY (e.g., in or about home, 20f. CITY, TOWN, OR LOCATION COUNTY WHILE AT WORK   farm, factory, street, office bldg., etc.)	STATE			
<u> </u>		NOT WHILE AT WORK				
AC TER	REAL	© 21.   attended the deceased from 6-1-62, to 7-19-62 and last saw her alive on 7-19-62				
	8	Death occurred at m on the date stated above, and to the best of my knowledge, from the causes sta	ated.			
USE	뒳ᅵㅣㅣ	III. III. I Tan Turner (Duning of Side)	ATE SIGNED			
٦ <u>۲</u>	SHOULD	= 20th of. Thul M.D. 4301 Main St. KCM 7.	-20-62			
		OZ38. BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town, or county) (Sta	ate)			
]	OZ	DOSS. BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATION (City, fown, or county) (SIZE TREMOVAL (Specify) 7-21-1962 MT HOPE CEMETERY WILLIAMS BURG KANS	SAS			
	₹.	24. FUNERAL DIRECTOR ADDRESS 25. DATE RECD. BY LOCAL REG. 26. REGISTRAR'S SIGNATURE				
ı	<u> </u> =	MUEHLEBACH 6800 TROOST 7-20-62 Kuth N Long				
•		(Licensed Embalmer's Statement on Reverse Side)				

DR. 015 THEEL

4/301 MAIN

WE. 13/49

15-5 PM.

## STATEMENT BY LICENSED EMBALMER

I her	eby certify that the body whose name	is recorded on the reverse side of this certificate was embalmed by me,
or by	•	, Student Embalmer No
working und	er my personal supervision.	2-e 1.11
Student		Signed 12. C. Michila
`.	Signature of Student Embalmer	
		Licensed Embalmer No.
	<i>;</i>	P. O. AddressP- P Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

4.5